IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ication No.:

10/532,460

Filing Date:

10/31/2003 (IA)

Applicant:

Olaf Michel

Group Art Unit:

Unknown

Examiner:

Unknown

Title:

Nasal Stick for the Application of Medicaments and Skin Care

Substances

Attorney Docket:

4832-00022/US

Director of The United States Patent and Trademark Office P.O. Box 1450 Alexandria, Virginia 22313-1450

SUBMISSION OF REVOCATION OF POWER OF ATTORNEY, APPOINTMENT OF NEW ATTORNEY, CHANGE OF CORRESPONDENCE ADDRESS AND STATEMENT UNDER 37 CFR 3.73(b)

Sir:

Applicant submits a Revocation of Power of Attorney, Appointment of New Attorney and Change of Correspondence Address for entry in the above-identified application. Applicant also submits a Statement Under 37CFR 3.73(b).

Acceptance and entry of the documents listed above in the above-identified application is respectfully requested.

Deposit Account authorization is given to charge any additional fees or credit any overpayment to Deposit Account No. <u>08-0750</u>.

Applicant's attorney may be reached at (248) 641-1600 should the Examiner have any questions.

Respectfully submitted,

Dated: 14, 17, 2006

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Robert M. Siminski, Reg. No. 36,007

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perwork Reduction Act of 1995, no persons are required to res **REVOCATION OF POWER OF**

ATTORNEY WITH **NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

porta to a conection of information arties	s it displays a valid Civib control number.
Application Number	10/532,460
Filing Date	10/31/2003 (IA)
First Named Inventor	Michel OLAF
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	4836-000022/US/NP

I hereby revoke all previous powers of attorney given in the above-identified application.					
☐ A Power of Attorney is submitted herewith.					
OR	,				
I hereby appoint the practitioners associated with the Customer Number: 27572					
☑ Please change the correspondence address for the above-identified application to:					
☐ The address associated with Customer Number 27572 OR					
Firm or Individual Name	Harness, Dickey & Pierce, PLC				
Address	P.O. Box 828				
City	Bloomfield Hills	State	MI	Zip 48303	
Country	USA				
Telephone	248-641-1600	Email			
l am the: ☐ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. ☑ Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
GNATURE of Applicant or Assignee of Record					
Signature X MWW					
Name X Prof. Dr. Olaf Michel					
Date 🗶 30.	6.06		Telephone 20221	-478-86635	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
Total of forms are su					

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.